

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on July 26, 2004.

The medical necessity issues in dispute were dismissed due to lack of payment of the IRO fee. Therefore, services rendered from 08-07-03 through 01-21-04 that were denied with V will not be considered in this review.

This dispute also contained fee issues that will be reviewed by the Medical Review Division.

On 09-07-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
08-07-03	90862	\$62.80	\$0.00	V	\$62.46	Medicare Fee Schedule, Rule 133.301(a)	The requestor received preauthorization for services rendered 08-07-03. The carrier shall not retrospectively review the medical necessity of services where the health care provider has obtained preauthorization. Therefore, services rendered on 08-07-03 will be reviewed in accordance with the Medicare Fee Schedule. Recommend reimbursement of \$62.46.
08-21-03	90806-QU	\$118.60	\$0.00	V	$\$94.88 \times 10\% = \$9.49$ $\$94.88 \times 125\% = \$118.60$ $\$118.60 + \$9.49 = \$128.09$	Medicare Fee Schedule Rule 133.301(a) Rule 133.202(d)	The requestor received preauthorization for services rendered 08-21-03. The carrier shall not retrospectively review the medical necessity of services where the health care provider has obtained preauthorization. Therefore, services rendered on 08-21-03 will be reviewed in accordance with the Medicare Fee Schedule. Recommend reimbursement of \$118.60.

08-28-03	90862-AU 90806-QU	\$62.46 \$118.60	\$0.00	V	\$62.46 \$118.60 + \$9.49= \$128.09	Medicare Fee Schedule Rule 133.301(a) Rule 133.202(d)	The requestor received preauthorization for services rendered 08-28-03. The carrier shall not retrospectively review the medical necessity of services where the health care provider has obtained preauthorization. Therefore, services rendered on 08-28-03 will be reviewed in accordance with the Medicare Fee Schedule. Recommend reimbursement of \$118.60 + \$62.46=\$181.06.
09-18-03	90862-AU 90806-QU	\$62.46 \$118.60	\$0.00	V	\$62.46 \$118.60 + \$9.49= \$128.09	Medicare Fee Schedule Rule 133.301(a) Rule 134.202(d)	The requestor received preauthorization for services rendered 09-18-03. The carrier shall not retrospectively review the medical necessity of services where the health care provider has obtained preauthorization. Therefore, services rendered on 09-18-03 will be reviewed in accordance with the Medicare Fee Schedule. Recommend reimbursement of \$118.60 + \$62.46=\$181.06.
12-11-03	90899-QU	\$90.00	\$0.00	No EOB	No relative value unit.	Medicare Fee Schedule Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, no reimbursement is recommend.
02-03-04	97799-CP-QU	\$750.00	\$0.00	A	\$880.00 (\$125.00 x 80%=\$100.00)  (\$100.00 x 10%=\$10.00 + 100.00=\$110.00 x 6 = \$660.00)	Medicare Fee Schedule, Rule 133.301(a)	The requestor received preauthorization for services rendered 02-03-04. Therefore, services rendered on 02-03-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$660.00.
02-04-04	97799-CP-QU	\$1000.00	\$0.00	A	\$880.00 (\$125.00 x 80%=\$100.00)  (\$100.00 x 10%=\$10.00 + 100.00=\$110.00 x 8 = \$880.00)	Medicare Fee Schedule, Rule 133.301(a)	The requestor received preauthorization for services rendered 02-04-04. Therefore, services rendered on 02-04-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.

02-05-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-05-04. Therefore, services rendered on 02-05-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-06-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-06-04. Therefore, services rendered on 02-06-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-10-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-10-04. Therefore, services rendered on 02-10-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-16-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-16-04. Therefore, services rendered on 02-16-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF Accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-17-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-17-04. Therefore, services rendered on 02-17-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.

02-18-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-18-04. Therefore, services rendered on 02-18-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-19-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-19-04. Therefore, services rendered on 02-19-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
02-20-04	97799-CP-QU	\$1000.00	\$0.00	A	$\$880.00$ $(\$125.00 \times 80\% = \$100.00)$  $(\$100.00 \times 10\% = \$10.00 + 100.00 = \$110.00 \times 8 = \$880.00)$	Medicare Fee Schedule, Rule 133.301(a) Rule 134.202 (d)	The requestor received preauthorization for services rendered 02-20-04. Therefore, services rendered on 02-20-04 will be reviewed in accordance with the Medicare Fee Schedule. The provider is not a CARF accredited facility. Therefore, reimbursement will be 80% of the MAR. Recommend reimbursement of \$880.00.
03-08-04	99242-QU	\$133.40	\$0.00	No EOB	$\$122.47$  $(\$90.72 \times 10\% = \$9.07.$ $\$90.72 \times 125\% = \$113.40$ $\$9.07 + \$113.40 = \$122.47)$	Medicare Fee Schedule Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, no reimbursement is recommend.
04-01-04	99242-QU	\$113.40	\$0.00	No EOB	$\$122.47$  $(\$90.72 \times 10\% = \$9.07.$ $\$90.72 \times 125\% = \$113.40$ $\$9.07 + \$113.40 = \$122.47)$	Medicare Fee Schedule Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, no reimbursement is recommend.

04-14-04	90899- QU	\$120.00	\$0.00	No EOB	\$122.47  (\$90.72 x 10%= \$9.07. \$90.72 x 125%= \$113.40 \$9.07 + \$113.40= \$122.47)	Medicare Fee Schedule Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, no reimbursement is recommend.
TOTAL		\$10750.32					The requestor is entitled to reimbursement of \$9123.18.

This Findings and Decision is hereby issued this 10<sup>th</sup> day of November 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

### ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 08-07-03 through 02-20-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10<sup>th</sup> day of November 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/pr